Washington State
Outbreak Response for 2001

The Washington State Outbreak Response Plan for syphilis, gonorrhea and chlamydia will include the following elements:

Outbreak Detection

Outbreaks will be identified at the State level by the Informational Support Unit and at the local level by epidemiologist who will determine individual county outbreaks. Reported data will be reviewed monthly, quarterly and year-to-date by the State STD Program.

Syphilis identification begins with a reactive blood test. Each reactive blood test processed at the Seattle-King County laboratory or the State laboratory is checked in the state central registry to identify if it is a past or new infection. All new possible cases are initiated to the field for follow-up. Because of the low level of syphilis in Washington State in recent years, any case will be considered a sentinel event that may be the trigger for an outbreak. Attempts will be made to interview all early syphilis cases. Interviews conducted in an outbreak will collect the core data set, which is specified in Control Measures. Behavioral characteristics such as drug use, sexual orientation, anonymous sex, travel history and condom usage will also be collected. Case reports and Interview Records will be sent to the State office and entered into the STD Management Information System (STDMIS). The outbreak threshold level for syphilis will be 3 or more cases within a one-month period in a county other than Seattle-King County. King County's outbreak threshold will be 5 or more cases within a one-month period.

Surveillance for gonorrhea and chlamydia cases starts when they are identified by providers throughout the State. These providers use the STD case report to report cases to the local health jurisdiction (LHJ) within three days. Positive lab results from private and public laboratories are also reported to the LHJs, and are used to verify provider reporting. The threshold for a gonorrhea and chlamydia outbreak in a county will be a 50% increase in a quarter compared to a six-quarter average. So that the first quarter of the year will be compared to an average of the sum of the six preceding quarters (with the actual number of cases for the quarter over 10). Because of the discrepancy in reported chlamydia for males and females, only reported females will be used in calculating the quarter and six-month average. Outbreaks in rural counties will be reviewed for clinical and disease intervention training needs.

The Gonococcal Isolate Surveillance Project will perform sentinel testing of isolates on gonorrhea from several sites in the state. This will include all positives from the Seattle-King County lab, the State laboratory, and military sites. Cases of Fluoroquinolone resistant gonorrhea will be investigated with the same diligence as an outbreak.

Outbreak Investigation

Outbreaks, once identified will be evaluated for severity. All reported and interviewed cases will be reviewed utilizing the STDMIS. This review will monitor the surveillance system effectiveness of case reporting from providers in the community into the LHJs. Lab reports sent to LHJs will be used to identify missing case reports that will be followed. Prompt reporting to the State will be a priority. A review of all clinical and risk data will be conducted. Risk data obtained from STD clinics will augment existing data sources. This review will confirm the diagnosis, including stage or site of disease, evaluate risk indicators common to the cases such as drug use, male to male sex, travel history, etc., determine the distribution of providers and include a geographic analysis of the cases.

Synthesis

Data will be collected in the form of Case Reports, Interview Records, and Field Records and entered into the STDMIS. Case reports will be sent to CDC by NETTS by the Informational Support Unit. All outbreaks will be analyzed by the Field Operations Coordinator, the Assessment Unit Epidemiologist and the Area Coordinator for the county where the outbreak is occurring. At the local level, the county Health Officer, county Epidemiologist, Assessment Coordinator, and Disease Intervention Specialist will be notified and will assist in the analysis and control of the outbreak. For syphilis cases, a visual case analysis of the outbreak diagramming the connected cases will also be conducted. Trend analysis will be done to develop an epi-curve based on the available surveillance data to determine the severity of the outbreak.

Control Measures

During the outbreak, the private medical community will be notified by letter, newsletter, or visits to key providers (those reporting the majority of cases) and hospital emergency rooms. Depending on the outbreak severity, newspapers, radio, television or other media will be involved. Their interest will be triggered by the information sent to the medical community, such as medical newsletters. Media will be given information about the severity, screening and clinic availability, asymptomatic nature of the disease, historic trends, and PSA targeting high-risk populations, if available.

Laboratory and clinical services available to the identified population will be evaluated. This will include services at STD clinics, family planning clinics, community or migrant clinics, hospitals and any other health care facilities clinics serving the identified population. Depending on the volume of increase of syphilis, gonorrhea or chlamydia policy changes (longer hours, outreach services, increased clinicians) at the public clinics will be recommended. Clinical policies, such as screening for syphilis in specific

populations vs. routine testing, will be put into place. The use of state personnel as a backup will be considered after other options have been explored.

During the outbreak, all cases will be initiated for interview. Counties with outbreaks for chlamydia will be encouraged to interview cases if DIS staff are employed. Present staffing levels may make interviewing all chlamydia cases in an outbreak impossible. The interview process will be in accordance with the Guidelines for Partner Notification. The contacts, suspects, and associates of the cases will be followed for testing and treatment if needed. A summary of these cases will be made using the STDMIS for number interviewed, age, race, pregnancy status, timeframes, total contacts initiated, contacts found and treated, plus the total contacts exposed during the critical period. All infected contacts will be initiated for interview. Syphilis cases will be documented on the interview record and analyzed for reinterview needs. Lot folder status sheets and visual case analysis will be conducted as needed. Local assessment coordinators and an epidemiologist from the State will develop a profile of the outbreak. This profile will be used to develop tailored interventions such as targeted screening, community screening, provider awareness training, condom distribution, CBO, and community involvement.

Evaluate Interventions

During or following the outbreak the effectiveness of the control measures will be evaluated at the end of each month. This evaluation will include the disease intervention activities, and the clinical and laboratory services made available to the targeted population. It must also be recognized that the control measures may have had no actual effect and that temporary reduction in disease occurrence may be accidental. The outbreak response plan will stay in effect until the threshold for initiating the plan is diminished.